

**Overdose System of Care Committee Meeting**  
**Delaware State Fire School          Dover, Delaware**  
**March 12, 2019          9:00 – 11:00 AM**

**Members Present:** Elizabeth Romero; Rick Hong; Lori Bradley; Jonathan Kaufmann; Kevin Bristowe; Bethany Hall-Long; Jolomi Ikomi; Lynn Fahey; Sharon Kurfuerst; Cathy McCay; John McKenna; Karyl Rattay; Rebecca Walker; Kate Groner; Sandy Gibney; Ruben Nalda; Erin Booker; Kimberly Chandler  
**Alternates/Guests Present:** Steve Blessing; Brent Waninger; Erin Goldner; Tanner Polce; Sherry Nykiel; Brittany Horn; Liddy Garcia-Bunuel; Marsha Johnson; Stephanie Denning  
**Staff Present:** Diane Hainsworth; Jacki Poore; Josalyn Francis

<b><u>TOPIC</u></b>	<b><u>INFORMATION</u></b>	<b><u>DECISION OR ACTION PLAN</u></b>
<b>I. Welcome</b>	---	---
<b>II. Introductions</b>	---	---
<b>III. Review of Minutes</b>	A summary report of the December meeting was distributed to the group.	Group to provide DPH/OEMS with input or corrections to finalize.
<b>IV. Administrative Actions</b> <b>A. Proposed Subcommittees</b> <ul style="list-style-type: none"> <li>• <b>Standards of Care</b></li> <li>• <b>Finance &amp; Regulatory</b></li> <li>• <b>Data &amp; Quality Review</b></li> <li>• <b>Ethics</b></li> <li>• <b>Rural Health</b></li> </ul> <b>B. Additional Members/Agencies</b>	Rick Hong presented the potential subcommittees. The group discussed and worked to identify the top two or three subcommittees that they believe would be most important to start with. <ul style="list-style-type: none"> <li>• The group discussed a Data/Quality review subcommittee. There was some concern about that being duplicative of what the START initiative is working on. It was pointed out that the data/quality committee would allow us to look at an individual non-fatal overdose patient from end-to-end, much like the Trauma and Stroke systems of care.</li> <li>• The group discussed the possibility of a Standards of Care subcommittee. There was some concern that other committees within the state are doing some the same work, it would be repetitive.</li> <li>• It was decided to hold on further discussion of potential subcommittees until after the presentation.</li> </ul>	Agenda items to add to the SOC meeting: Report from the Behavioral Health Consortium, the Addiction Action Committee, etc.
<b>V. Results from Focus Groups</b> <b>A. First Responder</b> <ul style="list-style-type: none"> <li>• <b>Recommendations/ Path Forward</b></li> </ul> <b>B. Hospital – ED/BH</b> <ul style="list-style-type: none"> <li>• <b>Recommendations/ Path Forward</b></li> </ul> <b>C. Persons in recovery</b> <ul style="list-style-type: none"> <li>• <b>Lessons Learned</b></li> </ul>	Rick Hong presented the PowerPoint on the focus groups findings. The common themes across the three groups were: <ul style="list-style-type: none"> <li>• Understanding and documenting existing efforts to curb OUD overdoses. No standard protocols in place across the system. Not clear how to enter the system. Programs considered successful are Project Engage; Hero Help; and outreach to recurring O/D residents.</li> <li>• Assessment of capability and capacity gaps. Fewer resources downstate. Preventing OD reoccurrence in</li> </ul>	

	<p>individuals with OUD requires immediate and consistent care coordination across multiple health and social services systems. Need for long-term treatment. There is confusion/lack of knowledge around the resources that currently exist with the system.</p> <ul style="list-style-type: none"> <li>• Exploration of opportunities to create a bidirectional overdose community response plan. There is a need for standard statewide protocols. Naloxone should be widely available in the community at no charge.</li> </ul> <p>The group discussed the findings.</p>	
<b>VI. Discussion</b> <b>A. Stabilization Centers</b> <b>B. ED Change Packet</b> <b>DRAFT</b>	<p>Elizabeth Romero presented on the START initiative. She discussed some of the measures for the START initiative, including short-term measures and overall measures. Through the Delaware Treatment and Referral Network (DTRN) they have been working on a clinical decision support tool, emergency room providers can get help immediately with decision support, there are 6 questions to answer and these will give a recommendation of the level of care the patient needs.</p> <ul style="list-style-type: none"> <li>• The group discussed the initiative, some of the concerns are; that someone is medically unstable and “jumps off”; to differentiate what the issues are; problem with the DTRN where only a couple of staff in the hospital have access.</li> </ul> <p>Elizabeth Romero presented on the Stabilization Centers. They are looking at stabilization centers in other states to determine what would work for Delaware. She presented on three centers, two in Maryland and one in California. The next steps are to conduct and summarize two-three additional interviews; one or two in Texas, one center in Boston, and synthesize all interviews into a comprehensive summary.</p> <ul style="list-style-type: none"> <li>• The group discussed the Stabilization centers possibility for Delaware. Elizabeth stated that on April 3 they will have a review of START protocols, and talk about data and denial issues. They also need to discuss how to get to a common language, how to resolve the issues quickly.</li> </ul>	
<b>VII. Wrap up and next steps</b>	<p>Creating subcommittees: proposed to plan a site visit to a stabilization center if the group would like to consider that as a subcommittee, the group agreed. Another next step would be to reach out to EMS and ED stakeholders to talk about the ED change packet and discuss further.</p> <p>It was reported that OEMS is currently working on a literature review of Mobile Integrated Healthcare approach in different states, one topic being looked at is leave behind Naloxone.</p>	<p>Email will be sent to the committee with the slides from today, and the flyer for the next Naloxone POD.</p> <p>The final summary from the last meeting will be sent to the committee.</p> <p>Once a date, time and location have been determined a invite will be sent</p>

<b>VIII. Adjournment</b>	Meeting adjourned at 10:45 am.	
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